		PART B	- FEE(S) TRA	NSMITTAL	01-25-06	~
complete and send the	his form, together wit	h appticable fe	Mail Stop ISS	SUE 1 _	, .	
_ _ \		••		Commissione P.O. Box 145		
JAN 2 4 2006		,			Virginia 22313-1450	
2006	•		or <u>Fax</u>	(571) 273-288	5	
STRUCTIONS: This for	m should be used for trans	smitting the ISSU	E FEE and PUBL	ICATION FEE (if	required). Blocks 1 through 5 sees will be mailed to the current tress; and/or (b) indicating a sep	should be completed where correspondence address as
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	IS. CE ADDRESS (Note: Use Block 1 for a			Note: A certificat	te of mailing can only be used f	or domestic mailings of the
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47653 75	590 11/02/2005		have its own certi	ficate of mailing or transmission.		
DAVID E. HUAI	NG, ESQ.	۸ خ محمد دا		* 1	Certificate of Mailing or Tran	smission
CHAPIN & HUANG, L.L.C. Bainwood, Huang & Associates 1 WESTPORTER THANK History Center Lice S					vice with sufficient postage for fi	rst class mail in an envelope
WESTBOROUGH OFFICE PARK High point Center Lice State of Hood West Park Drive 2 Connector Road, Suite 24 In Manual					hat this Fee(s) Transmittal is being vice with sufficient postage for fi Mail Stop ISSUE FEE address USPTO (571) 273-2885, on the	date indicated below.
WESTBOROUGH, MA 01581						(Depositor's name)
WESTBOROUGH, IMP 01301						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVI	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/852,580	05/10/2001		Jonathan J. Ban	row	EMC01-13(01009)	5065 09852580
01/26/2006 MARKEDE VOOGESUUT IMPROVED NETWORK INTERFACE						
01 FC:1501 02 FC:8001						1400.00 OP 30.00 OP
				· VE 1	LC:0001	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400)	\$0	\$1400	02/02/2006
EXAMINER ART UN			IT	CLASS-SUBCLASS		
LY, ANH VU H		2667	2667		•	
. Change of correspondence	e address or indication of "F	ee Address" (37		n the patent front pa		ooduunna
CFR 1.363). Change of correspond	Correspondence	(1) the names of up to 3 registered patent attorneys BainwoodHuang or agents OR, alternatively,				
Address form PTO/SB/1		(2) the name of a single firm (having as a member a 2 David E. Huang, E.				
☐ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indica or more recent) attached. Use	ation form e of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.			
. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (prin	it or type)		
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear or T a substitute for file	the patent. If an a ing an assignment.	assignee is identified below, the	document has been filed for
(A) NAME OF ASSIGN	ŒΕ	(E) RESIDENCE: (C	ITY and STATE OF	R COUNTRY)	
EMC CORPO	ORATION		Н	OPKINTON,	MASSACHUSETTS	
Plance check the annronright	e assignee category of catego	ories (will not be pr	inted on the patent)	: Individual	Corporation or other private g	roup entity Government
a. The following fee(s) are	,		. Payment of Fee(s			
Issue Fee				amount of the fee(s)		
	small entity discount permitte	ed)	Payment by cr	edit card. Form PTO	0-2038 is attached.	
Advance Order - # o	f Copies1 0		The Director Deposit Account	s hereby authorized Number <u>50-36</u>	by charge the required fee(s), of 61 (enclose an extra	r credit any overpayment, to copy of this form).
5. Change in Entity Status	s (from status indicated above	e)	-			
a. Applicant claims S	SMALL ENTITY status. See	37 CFR 1.27.	☐ b. Applicant is	no longer claiming	SMALL ENTITY status. See 37	CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and I nterest as shown by the rec	is requested to apply the Iss Publication Fee (if required) cords of the United States Pat	ue Fee and Publica will not be accepte tent and Trademark	ition Fee (if any) or d from anyone othe Office.	to re-apply any pre- r than the applicant;	viously paid issue fee to the appli a registered attorney or agent; or	the assignee or other party is
Authorized Signature	Dol2	This	7	Date _	January 24, 20	006
Typed or printed name					ration No. 39,229	
		311. The information	on is required to ob	tain or retain a benef	fit by the public which is to file (a	nd by the USPTO to process
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